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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/801,419	03/15/2004	John Lezdey	1434-19	1964
	7590 12/19/200 Y & ASSOCIATES	EXAMINER		
2401 West Bay Drive			BETTON, TIMOTHY E	
Suite 118 Largo, FL 33770			ART UNIT	PAPER NUMBER
			1617	
			MAIL DATE	DELIVERY MODE
			12/19/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsious Cummons	10/801,419	LEZDEY ET AL.	
Interview Summary	Examiner	Art Unit	
	TIMOTHY E. BETTON	1617	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>TIMOTHY E. BETTON</u> .	(3)		
(2) <u>John Lezdey</u> .	(4)		
Date of Interview: <u>12 December 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	;]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description: <u>n/a</u> .	e)⊠ No.		
Claim(s) discussed: <u>n/a</u> .			
Identification of prior art discussed: <u>n/a</u> .			
Agreement with respect to the claims f)☐ was reached. g)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>A call was placed to confi</u> 10/801419.			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERPOLITIES ON REVERSE SIDE OF ON Attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/James O. Wilson/ Supervisory Patent Examiner, Art U	nit 1624	

Application No.

Applicant(s)